

RIVERSIDE LOCAL SCHOOLS
585 Riverside Drive • Painesville • OH 44077
Phone (440) 352-0668 • FAX (440) 639-1959
Cheryl Lanning, Director of Pupil Services

Request for Behavior Consultation

Student's Name: _____ Grade: _____

Building: _____ Teacher: _____

Parent's Name(s): _____

Reason for Referral (please be specific):

Does the student have an IEP? Yes _____ No _____

Number of days the student has been suspended? _____

Please list any *interventions implemented and duration* to address referral concerns to date:

Has there been a previous FBA/BIP? Yes _____ No _____

If yes, please provide the date of the last FBA/BIP: _____

Building Administrator's Signature: _____ Date: _____

Parent's Signature for Consent: _____ Date: _____

Please submit request to Cheryl Lanning at CAO

Approved: _____

Assigned To: _____

Riverside Local Schools Behavior Checklist

Student Name: _____ D.O.B. _____

Teacher: _____ Date: _____

School: _____ Grade: _____

This form is designed to identify observable behaviors. The teacher should have at least six weeks experience with the student being observed. Any written documentation of behavior problems identified below should be attached to the checklist.

Observable Behavior	Always	Sometimes	Never
1. Poor attendance			
2. Becomes verbally aggressive when angry			
3. Becomes physically aggressive when angry			
4. Fights to resolve conflict			
5. Asks to see the school nurse			
6. Sleeps in class			
7. Hyperactive in the morning			
8. Hyperactive after lunch			
9. Takes medication at school			
10. Completes classroom assignments			
11. Completes homework assignments			
12. Participates in classroom discussions			
13. Reads aloud in class			
14. Brings materials needed in the classroom			
15. Responds to others with put downs			
16. Uses profanity in class			
17. Asks for make-up work when absent			
18. Works independently			
19. Refuses to accept consequences of behavior			
20. Is willing to talk about inappropriate behavior			
21. Visits school counselor			
22. Tardy for school/class			
23. Receives office discipline referrals			
24. Daydreams in class			
25. Communicates needs verbally			
26. Communicates needs in writing			
27. Defiant toward authority			
28. Out of seat during class			
29. Complains about being hungry			

30. Has physical injuries			
31. Appears happy			
Observable Behavior	Always	Sometimes	Never
32. Appears sad/depressed			
33. Uses/talks about using illegal drugs			
34. Maintains good hygiene			
35. Has to have the last word in spite of consequences			
36. Eats lunch in school cafeteria			
37. Complains about headaches			
38. Verbally abusive toward school staff			
39. Physically abusive toward school staff			
40. Attempts to control peers			
41. Refuses to participate in class			
42. Demands teacher's attention			
43. Disrupts class operations			
44. Completes projects			
45. Attentive in class			
46. Talks at inappropriate times			
47. Uses weapons			
48. Other:			
49. Other:			
Total			

Submitted By: _____

Date: _____